



California Department of Veterans Affairs (CDVA) Disabled Veteran Business Enterprise (DVBE) Advisory Council

[Application for Membership](#)

[Membership Overview](#)

The purpose of the California Department of Veterans Affairs (CDVA) Disabled Veteran Business Enterprise (DVBE) Advisory Council is to provide a forum for certified DVBE's, DVBE organizations, veteran affiliate organizations and businesses to comment and provide feedback on the CDVA and Department of General Services (DGS) policies and practices that affect or impact DVBE utilization.

The DVBE Advisory Council's role is to ensure DVBE participation in State agency contracts, to disseminate information regarding specific CDVA and DGS projects and programs, and to provide a venue for interactive discussions with interested parties.

The Council will have twenty-five members. Eighteen members will be California Certified DVBE's and seven members will be from the veteran organization, and business community at large.

An applicant must be either a California certified DVBE representing a constituent group, a DVBE organization, a veteran affiliate organization, or a business, and have an interest in improving the DVBE program. Members serve a two-year term with the option to apply for additional successive terms.

The request for membership on the DVBE Advisory Council will be reviewed by the Membership Committee and approved or denied by the Council Co-Chair CDVA. The Council Co-Chair CDVA shall respond to all requests for membership in writing. Applications for membership will be accepted on a continuous basis.

The DVBE Advisory Council is not a policy making body. The role of the Council is advisory only and members will not bring their affiliations to the Council meetings.

Members must strive to represent their constituent groups and seek to recommend action to benefit the program as a whole. They must not act in their own interest to personally benefit their individual firm. Members shall not represent themselves as speaking or acting on behalf of the Council or the California Department of Veterans Affairs (CDVA), or the Department of General Services (DGS).

Members are the voice of their constituency and will bring their concerns to the council and in turn carry the message back to that constituency.



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Member Information

Date: _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Name of Constituent Business or Organization _____

Type of Constituent Business or Organization _____

Street Address _____

City _____ State _____ Zip _____

Work Telephone _____ Fax _____ Mobile _____

E-mail _____ Website _____

DVBE Certification Number (if applicable) _____ Expiration Date _____

Contractors License _____ Type _____ Number _____

Contractors License _____ Type _____ Number _____

Constituent Business or Organization Summary

Please include the name, purpose, membership size, membership's geographical coverage (local, statewide, etc), and the length of time the constituent group has been in existence. Also include the number of certified DVBE members of the Constituent DVBE Group / Organization / Network / Chapter you will represent. Please include any other information to assist the Council in determining that membership will support these requirements.



Constituent Business or Organization Summary (cont.)

Alternate Member Information

Each Council member is required to nominate one alternate for their position. The alternate will represent the constituent group in the absence of the primary member.

Name _____

Street Address _____

City _____ State _____ Zip _____

Work Telephone _____ Fax _____ Mobile _____

E-mail _____ Website _____

DVBE Certification Number _____ Expiration Date _____

Contractors License _____ Type _____ Number _____

Contractors License _____ Type _____ Number _____

Person to Notify in Case of Emergency

Name _____

Relationship _____ email _____

Work Telephone _____ Mobile _____ Other _____



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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____ Date _____

Mail or fax (916 653.2563) this application to: Stewart MacKenzie, P.O. Box 942895, Room 105, Sacramento, CA 94295

If you have any questions please contact Stewart Mackenzie at: stewart.mackenzie@cdva.ca.gov